

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**



I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 17, 2006.

Renne M.F. Wyzykowski
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Applicant : Thomas P. Ivanyi
Application No. : 09/944,348
Filed : August 31, 2001
Title : SYSTEM AND METHOD FOR MEASURING AND STORING
INFORMATION PERTAINING TO TELEVISION VIEWER OR USER
BEHAVIOR
Grp./Div. : 2614
Examiner : Peter C. Wilder
Customer No. : 23363
Docket No. : 57547/A719

Confirmation No. 9772

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
May 17, 2006

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED | | | | | | |
|---|---|-------------------------------|---------------------------|----------------------|----------------------|-----|
| | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
| Total Claims Fee | 54 | *82 | 0 | 0 x \$25.00 | x \$50.00 | -0- |
| Independent Claims | 5 | **8 | 0 | 0 x \$100.00 | x \$200.00 | -0- |
| Multiple Dependent Claims *** | | | | \$180.00 | \$360.00 | -0- |
| TOTAL FILING FEE | | | | | | -0- |
| NO ADDITIONAL FEE REQUIRED | IF NO FEE REQUIRED, INSERT "0" | | | | | -0- |
| LIST INDEPENDENT CLAIMS: 29, 49, 50, 51, 67 | | | | | | |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME | | | | | | |

 Attached is our check for \$ to pay the fees calculated above.
X A Petition for Extension of Time and the required fee are enclosed.

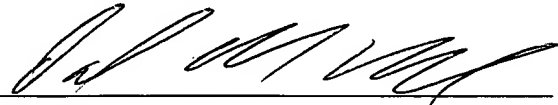
Amendment Transmittal Letter
Application No. 09/944,348

X Other enclosures: Substitution Of Attorney With Change Of Correspondence Address (2 pgs.); Drawing Figure 2 (annotated and replacement sheets); Information Disclosure Statement with Fee (2 pgs.); Form PTO/SB/08/AB (1 pg.); Check No. 026959 for \$180.00.

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 

Daniel M. Cavanagh
Reg. No. 41,661
626/795-9900

DMC/rmw

RMW IRV1096483.1-*05/17/06 9:32 AM